PTO/SB/06 (08-03)
Approved for use through 7/31/2008. OMB 0651-0032
U.S. Petert and Transdemark Office; U.S. DEPARTMENT OF COMMERCE Under the Peperwork Reduction Act of 1995, no po

PATENT APPLICATION FEE DETERMINATION RECORD									sa il displays a valid OMB control number.		
Substitute for Form PTO-875									100813		
CLAIMS AS FILED - PART I OTHER THAN											P THAN
┝	(Column 1) (Column 2)					_	SMALL	ENTITY	OR -	SMALL	ENTITY
FOR NUMBERS			BER FILED NUME		BER EXTRA		RATE	FEE		RATE	FEE
(37 CFR 1.16(a))									OR		
TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = minus 20 =				ζ	1	x.9.	729	OR FOR	XA B	 `	
(87 CFR 1.18(b))) III III III III III III III III III)	1	x.40.	um	2	-	 -	
MULTIPLE DEPENDENT CLAIM PRESENT (57 CFR 1.16(0))								TW	OR	× 8e	
" If the difference in column 1 is less than zero, enter "0" in column 2.							<u> </u>		OR	+:	
							TOTAL	L	OR	TOTAL	L
CLAIMS AS AMENDED - PART II											
(Column 1) . (Column 2) (Column 3)							SMALL	NTITY	OR	OTHE	R THAN ENTITY
¥		CLAIMS REMAINING		HIGHEST NUMBER	PRESENT	1	RATE	AD01-		RATE	ADOI-
	-	AFTER AMENDMENT	<u> </u>	PREVIOUSLY PAID FOR	EXTRA			TIONAL		, w. E	TIONAL
ENDMENT	(27 OFR 1.16(d)	13	Minus	122			X \$ =		OR	X	PEE
딸	Independent (37 CFR (.18(b))		Minus	1/2		١,	X 8 =		OR	x : -	
AM	FIRST PRESENT	TATION OF MULTIPL	E DEPENO	ENT CLAIM (27 C	FR 1.16(d))		+ 2 =				
1 1						. (TOTAL		OR	+s =	
Q	14/16	Mahasa dh					ADD'L FEE		OR	ADD'L FEE	·
₩	1 1 0 8	(Column 1) CLAIMS	T	(Column 2)	(Column 3)	1					
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AE	Total	AMENDMENT	Minus	PAID FOR		H		TIONAL FEE			TIONAL FEE
ENDMENT	(37 OFR 1.10(c))	- 5,	Million A				X \$		OR	X \$=	
AME	Independent (A7 OFR 1.16(b))		7000	<u> </u>			x \$=		OR	X \$ =	·
<u>∢</u>	FIRST PRESENT	ATION OF MULTIPLE	E DEPEND	ENT CLAIM (37 CF	R 1.16(d))		+1		OR	+8=	
						•	TOTAL ADD'L FEE		OR I	TOTAL	
		(Column 1)		(Column 2)	(Column 3)			<u> </u>	UR	ADD'L FEE	
င		CLAIMS REMAINING		HIGHEST		1			1		
K		AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
AMENDMENT	Total (27 GFR 1.10(c))	•	Minus	**	-	ŀ	 -	FEE			FEE
N	Independent (37 CFR 1.16(b))	•	Minus	***	-	ŀ	X8=		OR	X 8*	
¥	FIRST PRESENT	ATION OF MULTIPLE	DEDEN	NT CLANA PROCE	L	ł	ו		OR	× s=	
				ani CLININ (37 CF	L	+s =		OR	+ 8 -		
	If the entry in or	Siumo 1 la lesa tha	n the ent-	(in cohime a	900 la4		ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".											

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